2021 Plan Overview

Individuals and families — Washington

ProvidenceHealthPlan.com
Get the right care at the right time at the right place

**ProvRN Free**
Access to care 24/7
Speak with a registered nurse anytime, any day. An easy first step when you have symptoms and you want to know if you need face-to-face care.

**ExpressCare Virtual Free**
Getting the care you need, when you need it
Talk with a provider from anywhere using your tablet, smartphone, or computer. This is a great option for prescriptions and treatment that doesn’t require hands-on care. Available nationwide.

**ExpressCare Clinics**
Same-day, in-person treatment
When you need to see someone and your regular care provider is not available. With many convenient locations (some in your local Walgreens), it’s easy to find a clinic near you.

**Primary Care**
Your primary healthcare partner
Primary care providers develop a relationship with you and know your health history. Visit them for check-ups, managing chronic conditions, and specialist referrals.

**Urgent Care**
When you need help right away
Urgent care is where you turn when you know you need help and can’t wait for an appointment. This is best for minor injuries, cuts, burns, pains, and sprains.

**Emergency**
When you think you may be in danger
Use emergency care for suspected heart attack, stroke, severe abdominal pain, poisoning, choking, loss of consciousness, and uncontrolled bleeding.

More ways to reach True Health

**Active&Fit Direct**
Ready to kick-start a routine or looking to take it to the next level? Access more than 11,000 participating fitness centers, 2,500 digital workout videos or daily weekday workout classes on Facebook Live and YouTube for just $25 per month (plus a $25 enrollment fee and applicable taxes; 3-month commitment required).*

**Personal Health Coach**
Thinking about a healthier lifestyle but don’t know where to start? Our Providence health coaches are here to support your journey to a healthier, happier life.

**LifeBalance**
Get discounts on the things you love to do from movies to travel to a night on the town. LifeBalance provides savings on more than 20,000 travel, cultural, recreational, and other fun activities.

**ID Protection**
Get peace of mind with Assist America Identity Theft Protection’s fraud monitoring, warning, and resolution.

**Emergency Travel Assistance**
Get emergency medical help while traveling away from home, or even internationally, with Assist America Travel Assistance.

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*Prices, terms and programs subject to change.

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ProvidenceHealthPlan.com/discounts

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If you ever think your life or well-being could be in serious danger, call 911 immediately.

*ExpressCare Virtual visits are free with Columbia and Providence Cascade plans.
Columbia plans combine a medical home model of care with a tailored provider network. Members select a medical home from our Providence Choice network with this plan. The medical home model provides a team of health professionals dedicated to your overall well-being.

**Columbia plans offer:**
- Access to specialists via referral from the medical home
- No out of network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- Chiropractic manipulation, acupuncture and massage are covered in-network
- You can see a naturopath or other alternative care provider for covered benefits, including periodic exams and well-baby care. These services are covered at the same rate as they would be for a primary care provider, as long as the alternative care provider is licensed to perform the services.

**The Providence Choice network**
A network of primary care clinics in these counties:
- Benton
- Clark
- Franklin
- Spokane
- Thurston
- Walla Walla

For a complete list of medical homes and providers by location, visit ProvidenceHealthPlan.com/findaprovider. To see if your provider is in one of our medical homes, click the “Browse by provider networks” button, then:
1. Under the “Choose plan type” dropdown menu, select “Individual and Family Plans.”
2. Under the “Choose provider network” dropdown menu, select “Providence Choice Network.”
3. Specify the location specifications of where you’re looking for care, then click the blue “Search” button.

### Columbia plans

<table>
<thead>
<tr>
<th>Columbia plans</th>
<th>Columbia 1500 Gold (No out-of-network benefits)</th>
<th>Columbia 4500 Silver (No out-of-network benefits)</th>
<th>Columbia 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible Individual/Family</td>
<td>$1,500/$3,000</td>
<td>$4,500/$9,000</td>
<td>$8,550/$17,100</td>
</tr>
<tr>
<td>Annual deductible Individual/Family</td>
<td>$8,200/$16,400</td>
<td>$8,550/$17,100</td>
<td>$8,550/$17,100</td>
</tr>
</tbody>
</table>

After meeting your deductible, you’ll pay the following amounts for covered services. The deductible doesn’t apply for services marked with a ✓.

#### Preventive Care
- Periodic health exams and well-baby care (from any provider licensed to perform the service) Covered in full ✓ Covered in full ✓ Covered in full ✓
- Maternity prenatal office visits Covered in full ✓ Covered in full ✓ Covered in full ✓
- Annual gynecological exam and Pap test Covered in full ✓ Covered in full ✓ Covered in full ✓
- Mammograms Covered in full ✓ Covered in full ✓ Covered in full ✓
- Colorectal cancer screenings (preventive age 45 and over) Covered in full ✓ Covered in full ✓ Covered in full ✓

#### Prescription Drugs

<table>
<thead>
<tr>
<th>Tier</th>
<th>Covered in full ✓</th>
<th>Covered in full ✓</th>
<th>Covered in full ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$10 ✓</td>
<td>$20 ✓</td>
<td>$35 ✓</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$50 ✓</td>
<td>$60 ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Tier 5</td>
<td>50% with a $200 per script cap</td>
<td>50% with a $200 per script cap</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Tier 6</td>
<td>50% with a $200 per script cap</td>
<td>50% with a $200 per script cap</td>
<td>Covered in full ✓</td>
</tr>
</tbody>
</table>

#### Pediatric Vision Services (children aged 18 years and younger)
- Routine eye exams (one exam per calendar year) Covered in full ✓ Covered in full ✓ Covered in full ✓
- Vision hardware (frames, lenses, contact lenses; limits apply) Covered in full ✓ Covered in full ✓ Covered in full ✓

Deductible is waived for these services

**Purchase a Columbia plan at ProvidenceHealthPlan.com/shop or through your local insurance producer.**
Providence Cascade

Providence Cascade plans are new for 2021. These plans were developed by Washington Health Benefit Exchange to offer standard cost-sharing designs, including deductibles, copays, and coinsurance for medical services.

Providence Cascade plans offer:

+ Access to specialists via referral from the medical home
+ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
+ Chiropractic manipulation, acupuncture and massage are covered in-network

For a complete list of medical homes and providers by location, visit ProvidenceHealthPlan.com/findaprovider. To see if your provider is in one of our medical homes, click the “Browse by provider networks” button, then:

1. Under the “Choose plan type” dropdown menu, select “Individual and Family Plans.”
2. Under the “Choose provider network” dropdown menu, select “Providence Choice Network.”
3. Specify the location specifications of where you’re looking for care, then click the blue “Search” button.

### The Providence Choice network
A network of primary care clinics in these counties:

- Benton
- Clark
- Franklin
- Spokane
- Thurston
- Walla Walla

Providence Cascade plans (continued)

<table>
<thead>
<tr>
<th>Providence Cascade plans</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$505/$1,100</td>
<td>$2,000/$4,000</td>
<td>$6,000/$12,000</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum Individual/Family</td>
<td>$5,250/$10,500</td>
<td>$7,800/$16,600</td>
<td>$8,550/$17,100</td>
</tr>
<tr>
<td>After meeting your deductible, you’ll pay the following amounts for covered services. The deductible doesn’t apply for services marked with a ✓.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodic health exams and well-baby care (from any provider licensed to perform the service)</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Maternity prenatal office visits</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Annual gynecological exam and PAP test</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Mammograms</td>
<td>Covered in full ✓</td>
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<tr>
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<td>Covered in full ✓</td>
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### Prescription Drugs

<table>
<thead>
<tr>
<th>Tier</th>
<th>$10 ✓</th>
<th>$20 ✓</th>
<th>$32 ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>$10 ✓</td>
<td>$20 ✓</td>
<td>$32 ✓</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$60 ✓</td>
<td>$70 ✓</td>
<td>40%</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$100 ✓</td>
<td>$250</td>
<td>40%</td>
</tr>
<tr>
<td>Tier 5</td>
<td>$100 ✓</td>
<td>$250</td>
<td>40%</td>
</tr>
<tr>
<td>Tier 6</td>
<td>$100 ✓</td>
<td>$250</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Pediatric Vision Services (children aged 18 years and younger)

| Routine eye exams (one exam per calendar year) | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Vision hardware (frames, lenses, contact lenses); limits apply | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |

* Per day copay. Limit of 5 copays per stay.

### Office Visits for Medical Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ExpressCare Virtual visits</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Alternative care provider</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
<td>Covered in full ✓</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 ✓</td>
<td>$60 ✓</td>
<td>$100 ✓</td>
</tr>
</tbody>
</table>

### Hospital Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital services and maternity care</td>
<td>$525 ✓</td>
<td>$800 ✓</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Emergency and Urgent Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency services (all services treated as in-network)</td>
<td>$450</td>
<td>$800</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Outpatient Diagnostic Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray services</td>
<td>$30 ✓</td>
<td>$60 ✓</td>
<td>40%</td>
</tr>
<tr>
<td>Lab services</td>
<td>$20 ✓</td>
<td>$35 ✓</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Mental Health and Chemical Dependency

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and residential services</td>
<td>$525 ✓</td>
<td>$800 ✓</td>
<td>40%</td>
</tr>
<tr>
<td>Outpatient provider visits</td>
<td>$15 ✓</td>
<td>$25 ✓</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Other Covered Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient surgery at an ambulatory surgery center</td>
<td>$350</td>
<td>$600</td>
<td>40%</td>
</tr>
<tr>
<td>Chiropractic manipulation (limited to 10 visits per calendar year)</td>
<td>$15 ✓</td>
<td>$25 ✓</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Aftermarket Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture (limited to 12 visits per calendar year)</td>
<td>$15 ✓</td>
<td>$25 ✓</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Aftermarket Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Cascade Gold (No out-of-network benefits)</th>
<th>Providence Cascade Silver (No out-of-network benefits)</th>
<th>Providence Cascade Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage therapy (limited to 10 visits per calendar year)</td>
<td>$15 ✓</td>
<td>$25 ✓</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Purchase the right plan for you through the Washington Health Benefit Exchange at WaHealthPlanFinder.org.**
Things to know as you consider your coverage

When to apply
Apply during open enrollment from Nov. 1, 2020 through Dec. 15, 2020 for a Jan. 1, 2021 effective date of coverage. After the open enrollment period ends, you must have a qualifying life event to enroll during the special enrollment period. You can apply for and get health insurance coverage during the special enrollment period if you experience an involuntary loss of minimum essential coverage except for failure to pay the premium or experience certain life events, such as marriage or adoption. For more information and a list of qualifying events, visit ProvidenceHealthPlan.com/qe.

Eligibility
To purchase one of our plans, you must live in the service area and be a resident of the state of Washington. Providence is non-duplication with Medicare on Individual and Family plans. Someone who is entitled to Medicare part A and/or enrolled in part B is not eligible to enroll in a PHP Individual and Family plan.

Application and premium payment dates
To apply directly through Providence Health Plan, visit ProvidenceHealthPlan.com/shop to use our online shopping and enrollment tool. At the time you submit your online application, you will be directed to submit your initial premium payment. The Effective Date of Coverage is determined by the Qualifying Event as well as Providence Health Plan’s receipt of the initial Premium.

To see if you qualify for financial help to lower your monthly premium or out-of-pocket costs and to apply for coverage through the Washington Health Benefit Exchange, visit WaHealthPlanFinder.org. The Effective Date of Coverage is determined by the Washington Health Benefit Exchange as well as Providence Health Plan’s receipt of the initial Premium.

Monthly premium payment information
After you have been enrolled, your monthly premium payment is due on the first of each month. Providence Health Plan encourages you to visit Providence.org/premiumpay to set up a recurring payment arrangement through the Providence Health Plan electronic payment system. Please note: Providence Health Plan does not accept any premium payments made by an employer or a third party except as permitted by state or federal regulation.

Key health insurance terms
See our online Glossary at ProvidenceHealthPlan.com/glossary-wa for explanations and definitions of health insurance terms.

Termination of Pregnancy Notice
Termination of pregnancy is not a covered service, unless there is a severe threat to the mother, or if the life of the fetus cannot be sustained. Providence has a religious objection to providing this service in other circumstances. However, enrollees in Providence Plans have coverage for termination of pregnancy services not covered under these Plans through the Washington Department of Health Family Planning Program. For information on how to receive these services, please visit Providence.org/tpf or contact the Department of Health customer service line at 1-800-525-0127. You are not required to notify or interact with Providence Health Plan in any way.
Non-discrimination statement

Providence Health Plan and Providence Health Assurance comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Providence Health Plan and Providence Health Assurance:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If you are a Medicare member who needs these services, call 503-574-8000. All other members can call 1-800-603-2340 (TTY: 711).

Filing a grievance

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Non-Discrimination Coordinator by mail:

Providence Health Plan and Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158

Language access information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-603-2340 (TTY: 711).

ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-603-2340 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務，請致電 1-800-603-2340 (TTY: 711).

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Coordinator by mail:

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Our Mission
As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values
Compassion | Dignity | Justice | Excellence | Integrity

Sales assistance
Call 1-800-988-0088
8 a.m. to 5 p.m. (Pacific Time) Monday through Friday.

Columbia Plans: ProvidenceHealthPlan.com/shop
Providence Cascade Plans: WaHealthPlanFinder.org

Notice of Privacy Practices
Visit ProvidenceHealthPlan.com to learn about Providence Health Plan privacy practices. You may obtain a copy of our Providence Health Plan Notice of Privacy Practices by going to ProvidenceHealthPlan.com and selecting “Rights and notices” or by calling customer service at 1-800-878-4445.